# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2009**
**Secretary of State**

DOCUMENT# F05000003681

**Entity Name:** AMERICAN MIDWEST MORTGAGE CORPORATION

**Current Principal Place of Business:**

6363 YORK ROAD
300A
PARMA HEIGHTS, OH 441303031 US

**New Principal Place of Business:**

**Current Mailing Address:**

13902 NORTH DALE MABRY HWY
289
TAMPA, FL 336182424 US

**New Mailing Address:**

**FEI Number: 34-1180767** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOSE, PARADA R
13902 NORTH DALE MABRY HWY
289
TAMPA, FL 336182424 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete
Name: PAULOZZI, JOHN L
Address: 10609 APPLETON DRIVE
City-St-Zip: PARMA HEIGHTS, OH 441304445 US

Title: VSD ( ) Delete
Name: PAULOZZI, JOHN J
Address: 12641 NORTHSTAR DRIVE
City-St-Zip: NORTH ROYALTON, OH 441335946 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CDT (X) Change ( ) Addition
Name: PAULOZZI, JOHN L
Address: 10609 APPLETON DRIVE
City-St-Zip: PARMA HEIGHTS, OH 441304445 US

Title: PDS (X) Change ( ) Addition
Name: PAULOZZI, JOHN J
Address: 12641 NORTHSTAR DRIVE
City-St-Zip: NORTH ROYALTON, OH 441335946 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J PAULOZZI PDS 04/23/2009

Electronic Signature of Signing Officer or Director — Date